Attachment Sequence No. 1040-07 and 1040P-01

	THIS FORM MUST B FORM MO-1040 OR							
	LAST NAME	FIRST NAME	INITIAL					
3	BIRTHDATE MM DD YY	SOCIAL SECURITY NO.						
NAME	SPOUSE'S LAST NAME	FIRST NAME	INITIAL					
	BIRTHDATE MM DD YY	SPOUSE'S SOCIAL SECURITY N	0.					
SNO	You must check a qualificatio included with claim.	n to be eligible for a cı	edit. Che	ck only one. Co	pies of letters, for	ms, e	etc., must be	
QUALIFICATIONS	A 65 years of age or older (Attach a copy of Form SSA-1099.)  C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.)							
QUAI	B. 100% Disabled Veterar letter from Departmen	age or older and red ttach a copy of Fo	ceived surviving spouse orm SSA-1099.)					
FIL	ING STATUS Single M	arried — Filing Combined	Marr	ied — <b>Living Sepa</b>	rate for Entire Year	If n you n	narried filing combine must report both inco	ed, mes.
	ailure to provide proper supp							
1	Enter the amount of income from	Form MO-1040, Line 6, O	R Form MC	D-1040P, Line 4		1		00
2.	Enter the amount of social security equivalent railroad retirement benef				ecurity	2		00
3.	Enter the total amount of pensions Include tax exempt interest from Forms W-2(s), 1099(s), 1099-R(s),	orm MO-A, Part 1, Line 6 (if	filing Form I	MO-1040). Attach	e 1. 	3		00
4.	Enter the amount of railroad retirer Attach Form RRB/1099-R (Tier II).					4		00
5.	Enter the amount of veteran's paym Attach letter from Veteran's Affair		eductions.			5		00
6	Enter the total amount received by SSI, child support, or Temporary As Social Services, letter from DCSE	sistance (TA) payments. A	tach letter f			6		00
7.	Enter the amount of nonbusiness length household income here. (Include					7		00
8	TOTAL household income — Add	Lines 1 through 7. Enter to	tal here			8		00
9.	Enter \$2,000 if you are married and				"0"	9	-	00
10.	Net household income — Subtract no credit or refund is allowed.					10		00
11.	If you owned your home, enter the assessments. Attach a copy of P more than five acres or you own	AID real estate tax receipt	(s). If your	home is on	·	11		00
12.	If you rented your home, enter the ar left. (If total yearly rent is more th explanation.) Attach lease agree or statement from landlord, along	an Line 8, attach rent payr ment(s), rent receipt(s),		e box on the	x 20% =	12		00
40	· ·							
	Total tax and/or rent — Add Lines					13		00
14.	Apply Lines 10 and 13 to the chart You <b>must use the chart</b> to see ho Enter this amount on Form MO-10.	w much refund you are allo	wed. 040P, Line 2	20		14		00



## MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 200

2003 FORM MO-CRE

Read instructions.Print or type.

CERTIFICATIO	N OF RENT PAID FO	OR 2003	MO-C	CRP				
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NU			?	ARE YO	U RELATED TO YOUR LAN	IDLORD?	YES NO	 ɔ
		IF YES, EXPLAIN.						
2. LAST NAME	FIRST NAME	M INITIAL 3.	. LANDLORD'S	NAME, SC	CIAL SECURITY NO.			
ADDRESS OF RENTAL UNIT (DO NOT LI	L	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE						
CITY, STATE, AND ZIP CODE		4	. LANDLORD'S	PHONE N	UMBER			
5. RENTAL PERIOD FROM: DURING YEAR	•		TO: MONTH DAY YEAR					
Enter your gross rent paid. Att for rent paid, or rent receipts	6		00					
B. MOBILE HOME LOT C. BOARDING HOME / D. SKILLED OR INTERN E. HOTEL If meals are ir F. LOW INCOME HOUS G. SHARED RESIDENC or children under 18	E, MOBILE HOME, OR DUPLE	ME — 45% ise, enter — 100% ceed 40% of total nce with relatives an	household nd/or friends	(other th		7		%
8. Net rent paid — Multiply Line 6		ENTER HERE AND	D IN THE BO	OX ON		8		00
MO 860-1089 (11-2003)	,	ivacy Notice, see				<u> </u>		- ;00
		-						

MISSOURI DEPARTMENT OF CERTIFICATION OF RE	200 FOR <b>MO-C</b>	M	Read instructions.     Print or type.			
1. SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBE	ER		OU RELATED TO YOUR LA	NDLOF	RD? YES NO
		IF YES, EXPLAIN.				
2. LAST NAME FIRST N	NAME M INITIAL	3. LANDLORD'S	NAME, SC	OCIAL SECURITY NO.		
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		LANDLORD'S AD	DRESS, C	CITY, STATE, AND ZIP COE	ÞΕ	
CITY, STATE, AND ZIP CODE		4. LANDLORD'S	PHONE N	UMBER		
5. RENTAL PERIOD FROM: MONTH DA'DURING YEAR		TO:	MONTH DAY YEAR			
Enter your gross rent paid. Attach copies of for rent paid, or rent receipts. If receiving	f your lease agreement(s) or cop assistance, enter the amount of	ies of cancell f rent YOU pa	ed chec	ks (front and back)	6	00
7. Check the appropriate box and enter the cor						
A. APARTMENT, HOUSE, MOBILE HO  B. MOBILE HOME LOT — 100%	OME, OR DUPLEX — <b>100%</b>					
C. BOARDING HOME / RESIDENTIAL	CADE 50%					
D. SKILLED OR INTERMEDIATE CAR						
E. HOTEL If meals are included, enter		<b>√</b> ₀ □				
F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.)						
G. SHARED RESIDENCE — If you sh						
or children under 18), check the a						
<u>Additional</u> persons sharing resid	ence/percentage to be entered:		∐ 2	(33%)	7	%
8. Net rent paid — Multiply Line 6 by the percel FORM MO-PTS, LINE 12 OR FORM MO-PT					8	00



## MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 200

2003 FORM MO-CRE

Read instructions.Print or type.

CERTIFICATIO	N OF RENT PAID FO	OR 2003	MO-C	CRP				
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NU			?	ARE YO	U RELATED TO YOUR LAN	IDLORD?	YES NO	 ɔ
		IF YES, EXPLAIN.						
2. LAST NAME	FIRST NAME	M INITIAL 3.	. LANDLORD'S	NAME, SC	CIAL SECURITY NO.			
ADDRESS OF RENTAL UNIT (DO NOT LI	L	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE						
CITY, STATE, AND ZIP CODE		4	. LANDLORD'S	PHONE N	UMBER			
5. RENTAL PERIOD FROM: DURING YEAR	•		TO: MONTH DAY YEAR					
Enter your gross rent paid. Att for rent paid, or rent receipts	6		00					
B. MOBILE HOME LOT C. BOARDING HOME / D. SKILLED OR INTERN E. HOTEL If meals are ir F. LOW INCOME HOUS G. SHARED RESIDENC or children under 18	E, MOBILE HOME, OR DUPLE	ME — 45% ise, enter — 100% ceed 40% of total nce with relatives an	household nd/or friends	(other th		7		%
8. Net rent paid — Multiply Line 6		ENTER HERE AND	D IN THE BO	OX ON		8		00
MO 860-1089 (11-2003)	,	ivacy Notice, see				<u> </u>		- ;00
		-						

MISSOURI DEPARTMENT OF CERTIFICATION OF RE	200 FOR <b>MO-C</b>	M	Read instructions.     Print or type.			
1. SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBE	ER		OU RELATED TO YOUR LA	NDLOF	RD? YES NO
		IF YES, EXPLAIN.				
2. LAST NAME FIRST N	NAME M INITIAL	3. LANDLORD'S	NAME, SC	OCIAL SECURITY NO.		
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		LANDLORD'S AD	DRESS, C	CITY, STATE, AND ZIP COE	ÞΕ	
CITY, STATE, AND ZIP CODE		4. LANDLORD'S	PHONE N	UMBER		
5. RENTAL PERIOD FROM: MONTH DA'DURING YEAR		TO:	MONTH DAY YEAR			
Enter your gross rent paid. Attach copies of for rent paid, or rent receipts. If receiving	f your lease agreement(s) or cop assistance, enter the amount of	ies of cancell f rent YOU pa	ed chec	ks (front and back)	6	00
7. Check the appropriate box and enter the cor						
A. APARTMENT, HOUSE, MOBILE HO  B. MOBILE HOME LOT — 100%	OME, OR DUPLEX — <b>100%</b>					
C. BOARDING HOME / RESIDENTIAL	CADE 50%					
D. SKILLED OR INTERMEDIATE CAR						
E. HOTEL If meals are included, enter		<b>√</b> ₀ □				
F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.)						
G. SHARED RESIDENCE — If you sh						
or children under 18), check the a						
<u>Additional</u> persons sharing resid	ence/percentage to be entered:		∐ 2	(33%)	7	%
8. Net rent paid — Multiply Line 6 by the percel FORM MO-PTS, LINE 12 OR FORM MO-PT					8	00



## MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2003

2003 FORM MO-CRP Read instructions.Print or type.

*	ut Cuss			•	• • • • •				
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMB			R ARE YOU RELATED TO YOUR LANDLORD? YES NO						
					IF YES	, EXPLAIN.			
2.	LAST NAME	FIRST	NAME M INITIAL	3. LANDLORI	'S NAME, S	OCIAL SECURITY NO.			
AD	DRESS OF RENTAL UNIT	(DO NOT LIST P.O. BOX)		LANDLORD'S	ADDRESS,	CITY, STATE, AND ZIP COL	Œ		
CIT	TY, STATE, AND ZIP CODE	E		4. LANDLORI	S PHONE I	NUMBER			
		Т			_				
5.	RENTAL PERIOD	FROM: MONTH DAY	YEAR		TO:	MONTH DAY YEAR			
	DURING YEAR								-;
6.	6. Enter your gross rent paid. Attach copies of your lease agreement(s) or copies of cancelled checks (front and back) for rent paid, or rent receipts. If receiving assistance, enter the amount of rent YOU paid.						6		00
7	• •		responding percentage on Line 7.		Jaiu				- 100
١.			OME, OR DUPLEX — <b>100</b> %						
		OME LOT — <b>100%</b>	OME, OR DOPLEX — 100%						
		G HOME / RESIDENTIAL	CADE 509/						
			RE NURSING HOME — 45%						
		_	— <b>50%</b> ; Otherwise, enter — <b>100</b>	o/					
		,			d incomo	<b>\</b>			
	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.)								
	G. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse								
or children under 18), check the appropriate box and enter percentage.  Additional persons sharing residence/percentage to be entered: 1 (50%) 2 (33%) 3 (25%)							_		%
		•	. •	•	•	(33%)	7		- 70
8.			ntage on Line 7. ENTER HERE A						
	FORM MO-PTS, LIN	IE 12 OR FORM MO-PT	C, LINE 10				8		00

MO 860-1089 (11-2003)

For Privacy Notice, see the instructions.